

professional women. Progress must be her watchword. To-day in the civic world influential positions are opening to the progressive nurse. She must be prepared for them or they will quickly pass to others. The importance of post-graduate work cannot be exaggerated if nursing is to become a profession.

This plea which I have so imperfectly made for visiting nursing developed from a nurses' settlement is for one branch of graduate work. It can be developed almost without limit, but only after effort and exertion. The nurse must first of all be equipped with a thorough hospital training; this must be supplemented by knowledge of the various social and physical conditions of the homes she is to enter. The greater her knowledge of the arts and sciences which go to the making of comfortable, happy, and healthful existences, the more will she have to carry to brighten homes where these conditions are lacking. This knowledge cannot be acquired hastily. Women in other professions are willing to sacrifice time, strength, and money in reaching a full equipment for professional work. It remains to be seen if the nurse is willing to plod by the side of her professional sisters in progressive work. She must not expect to step from the wards of her hospital to positions of responsibility; there is a middle way to be trod, one of work and study, and on this way the guild may hold out a helping hand.

HYGIENE OF THE HOUSEHOLD

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(Continued from page 275)

It is well to be beforehand in the important questions of life, and as we have been discussing the arrangement and care of the patient's room, we will now give a little thought to the preparation required in a room that is to be used for a surgical operation.

Emergencies may arise in every home that call for surgical aid, and when—as frequently happens—to save life an operation has to be performed with the utmost speed, it is of the first importance to have some rules for the preparation required that may be put into practice without delay.

Every surgeon has his own method of procedure and gives directions as to what will be necessary, according to the character of the operation; but there are some general arrangements that apply to every case, and which may easily be carried out by the trained nurse or (when there is a delay in procuring a nurse) by some members of the family

with the assurance that they will meet the full approval of the surgeon and be of the greatest assistance to him.

It will simplify matters if we divide the subject roughly into two parts,—viz., major and minor operations,—and consider first the preparation required for a major operation.

Of necessity this is far more extensive than the requirement of a minor operation, and should be commenced the day before.

The selection of the room comes first, and as a strong, clear light is more essential than anything else in an operating-room, let the choice of the room depend on that. When possible avoid using a room into which the sun will shine directly during the time of the operation, but in any case take the room that gives the best light.

When the house is large enough to allow it, and your choice is not limited, use a room adjoining, or at least on the same floor as the one to be occupied afterwards by the patient, and as near the bathroom as possible.

Sometimes it is necessary to use your patient's bedroom, in which case the bed, after being prepared, should be pushed up in a corner out of the way.

All the furniture that it is possible to remove is taken out of the room; any large piece that has to remain should be covered completely with sheets fresh from the laundry. Carpets and curtains must be removed, and the room thoroughly cleaned, floor scrubbed, windows washed, etc.

As the surgeon will need all the light you can give him, cover only the lower panes of the window with thin muslin curtains, cheese cloth, or—what will answer the purpose equally well and is ready at hand—a thick lather of soap rubbed all over the panes and allowed to dry, thus shutting off the gaze of outsiders without excluding the valuable light.

The temperature should be about 75° F. and the room well aired beforehand, as no window will be opened during the operation.

A list of articles usually required for a major operation is as follows:

One strong kitchen table,	Bichloride tablets,
Four small tables,	Alcohol,
Three common chairs,	Safety-pins,
One fountain syringe,	Green or synol soap,
Three large china basins and pitchers,	Absorbent cotton,
One small basin and pitcher,	Sterilized gauze,
One piece of rubber sheeting for table,	New wooden nail-brush,
Two slop-jars or foot-tubs,	Bandages,
Five gallons of hot boiled water,	Four dozen towels.
Five gallons of cold boiled water,	

This list is an outline of the articles usually required,—the surgeon will supplement what is necessary for each particular operation,—but when a nurse is called upon to prepare for an operation in a private house, where the conveniences of the hospital are not at hand, she will be thankful to have ready a list of the things that are indispensable. I well remember my first operation outside the hospital, and how difficult I found it to construct a modern operating-room from the limitations of a small country house.

All supplies, when possible, should be on hand the night before the operation, and the room cleaned ready for work.

Facing the strongest light, and about five or six feet from the window, place the kitchen table, and cover it with a double blanket or comfortable, rubber sheeting, and a sheet fresh from the laundry, the whole pinned firmly at the four corners with safety-pins. Lay on the top a small single sheet, a blanket, and very small hair pillow.

The little tables are to be arranged around the large one, leaving plenty of room to walk between. Cover them with sterilized towels; if they have polished tops, first put on a piece of oilcloth or rubber sheeting to prevent damage. These tables are for the instruments, sponges, sterilized towels, and basin of solution for the surgeon's hands.

A strong screw must be fastened in the wall near the window at the height of about seven feet to support the fountain syringe, which will be filled with whatever solution the surgeon requires for irrigating the wound.

One slop-jar stands at the side or end of the large table, the other beside the table that holds the basin of sponges.

The bureau (covered with a sheet) or the mantelshelf will serve to hold the dressings and rubber gloves. A small stand or table will be needed by the doctor who gives the anæsthetic for his hypodermic, clean towels, and ether or chloroform.

All the basins, towels, and pitchers to be used during the operation must be thoroughly washed in warm soapsuds and then boiled for an hour, or—when that is not possible—allowed to stand all morning in a 1 to 1000 bichloride solution, and then rinsed off with sterilized water before using. Two of the basins are filled with sterilized water or salt solution for washing the sponges, another basin holds the wet sterilized towels, and the fourth the solution for the surgeon's hands.

A small bowl is needed for the soft soap to wash off the part of the body to be operated on, also a small pitcher of 1 to 2000 bichloride and some alcohol.

In the bathroom arrange plenty of clean towels, a bowl of 1 to 2000 bichloride, and one containing alcohol, synol, or green soap, and a

sterilized nail-brush for the surgeon's hands. The surgeon will send instruments, sponges, sutures, and anæsthetics.

Next month I will speak about sterilizing the towels, water, etc., and the final preparations required before the arrival of the surgeon.

(To be continued.)

OBSERVATIONS ON HOSPITAL ORGANIZATION *

By GEORGE H. M. ROWE, M.D.

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EDWARD EVERETT HALE has said, “*Together* is the great, central word of modern civilization.” We have come together, a set of busy workers, bearing the burden and heat of the day, hoping that our togetherness may solve some of our difficulties, give us fresh courage, and help us to shove forward the great humanitarian work of hospitals, which, like the Nilometer, shows the high-water mark of civilization.

At the outset let me say frankly that I offer nothing novel or ideal, and have no panacea for the vexations that besiege us.

I do not present a formal elaboration of hospital organization, but only some observations on the cardinal principles underlying the average general hospital, now found in every American city. The most I can hope to do is to make practical suggestions for obviating certain dangers which threaten the well-being of unfortunate or illy-developed organizations.

The hospital is a costly, complex mechanism, and its perfection depends on the nicety of the adaptation of the different parts, “from big wheel to cog-pin,” each having relation to all, and working together for the ultimate object,—the recovery of the sick.

In treating of hospital organizations, many different systems obtain, according to the locality, creed, period when begun, the relations of medical schools and medical teaching, the source of income, whether private, State, or municipal, well funded, or dependent upon voluntary contributions. Despite these varying conditions, the problem now confronting hospital experts is to find out the best system which has stood the test of experience, and, *if possible*, work out a formula for putting all hospitals on the same fundamental principles. To this end, I take it, is the meaning of this symposium.

The impulse or genesis of a hospital often influences the direction

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